CLAIMS AS FILED - PAR (Column 1) TOTAL CLAIMS FOR NUMBER FILED TOTAL CHARGEABLE CLAIMS INDEPENDENT CLAIMS MULTIPLE DEPENDENT CLAIM PRESENT	(Column NUMBER) = * The state of the state	ER EXTRA	SMALL TYPE RATE BASIC FI X\$ 9= X40= +135= TOTAL	FEE 355.00	OR OR OR OR	L	FEE
TOTAL CLAIMS FOR TOTAL CHARGEABLE CLAIMS INDEPENDENT CLAIMS (Column 1) Output Description (Column 1) Output Description (Column 1) Output Description Output Descri	NUMBE D= * nter "0" in co	ER EXTRA	TYPE RATE BASIC FI X\$ 9= X40= +135=	FEE 355.00	OR OR OR	SMALL E RATE BASIC FEE X\$18= X80= +270=	FEE
FOR NUMBER FILED TOTAL CHARGEABLE CLAIMS INDEPENDENT CLAIMS minus 3	D= * B = * nter "0" in co		X\$ 9= X40= +135=	355.00	OR OR OR	X\$18= X80= +270=	
TOTAL CHARGEABLE CLAIMS 2 minus 20 INDEPENDENT CLAIMS 2 minus 3	D= * B = * nter "0" in co		X\$ 9= X40= +135=		OR OR OR	X\$18= X80= +270=	710.00
INDEPENDENT CLAIMS 2 minus 3	nter "0" in co	olumn 2	X40= +135=		OR OR	X80= +270=	
	nter "0" in co	olumn 2	+135=		OR	+270=	
MULTIPLE DEPENDENT CLAIM PRESENT	ART II	Dlumn 2			1		
MULTIPLE DEPENDENT CLAIM PRESENT		olumn 2	TOTAL	-	1	L	
* If the difference in column 1 is less than zero, enter "0" in column 2			,			TOTAL	711
CLAIMS AS AMENDED - PART II OTHER THAN						THAN	
(Column 1) (Co		(Column 3)	SMAL	L ENTITY	OR	SMALL	ENTITY
REMAINING N AFTER PRE	HIGHEST NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total * Minus **		=	X\$ 9=		OR	X\$18=	
Independent * Minus ***		=	X40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDE	ENT CLAIM		. 105		1	+270=	
	•	•	+135= TOT/		OR	TOTAL	
_		·	ADDIT. FE		OR	ADDIT. FEE	
	Column 2) HIGHEST	(Column 3)		4551			4001
REMAINING AFTER PRI AMENDMENT P	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total * Minus **		=	X\$ 9=		OR	X\$18=	
Total * Minus ** Independent * Minus ***		=	X40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDI	ENT CLAIM		+135=		OR	+270=	
			TOTA ADDIT. FE	AL.	OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)							
CLAIMS H REMAINING N AFTER PR	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total * Minus **		=	X\$ 9=		OR	X\$18=	
Independent * Minus ***	•	=	X40=		1	X80=	1
FIRST PRESENTATION OF MULTIPLE DEPEND	DENT CLAIM				OR		
t liaba and the state of the st	ita 407 (huma 2	+135=		OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.							